FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90249 046 ***150.00

DOCUMENT # P98000075815

1. Corporation Name

Principal Place of Business

SHUTTERHAUS INDUSTRIES, INC.

8666 SEMINOLE BOULEVARD SEMINOLE F1_ 33772		8666 SEMINOLE BOULEVARD SEMINOLE FL 33772			
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed 08/31/1998	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2501	Anuil Street	26 2501 Any	il Street	59-3530946	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Acditional Fee Required
City & S at	dersburg, Fr	City & State	VIS FL	6. Efection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24 3371	0 25 USA	29 737/0	30 USA	Personal Property Tax.	☐ Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent /
DAR	THOLUTY COUT D		81	JAME	
	THOLMEY, SCOTT-D SEMINOLE BOULEVARD		82		
	NOLE FL 33772			-	
SEIVE	INOLE PL 33/72		83		
		-	84	F	L 85
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the agent, am familiar with, and accept					
SIGNATURE					
	Signature, typed or printed name of registered age		rregistered Agent signature re		ALD DIDEOTOR OF IN AC
12.		NE DIRECTORS	13.	ADDITICINS/CHANGES TO OFFICERS /	Change Addition
TITLE	D D	☐ DELETE	1.1 TITLE	D 3	X Change Modison
NAME	BARTHOLMEY, SCOTT D		12 NAME		
STREET ADDRE 3S	8666 SEMINOLE BOULEVARD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772	□ DELETE	14 CITY-ST-ZIP 21 TITLE	n p	Change Addition
TITLE		□ DETE IE		DA David R. Weser 250) Anvil Street Stifetersburg Fi 3371	_ onlinge
NAME			2.2 NAME	Jacia A. West	4_
STREET ADDRE 3S			2 3 STREET ADDRESS	1,2501 HADVI 37/66/F	n
CITY-ST-ZIP		DELETE	2 4 CITY-ST-ZIP	5+1/21000 M 33/1	U Gnange Addition
TITLE			3.1 TITLE		C swangs
NAME			3 2 NAME		
STREET ADDRE 3S			3.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		المام	4.1 TITLE		
NAME		_	- 4.3 STREET ADDRESS		
STREET ADDRESS		-			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		SCIETE	5.2 NAME		_
-			5.3 STREET ADDRESS		
STREET ADDRESS			5.3 STREET ADDRESS		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of the corporation of the corporation or the receiver or trustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

6.1 TITLE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

Change

☐ Addition